



Request for Approval of Oversize/ Overweight Movement - Superloads

**Approval Form Only. Applicant MUST
submit Application (DOT Form 560-021)**

All Sections Must Be Completed

| | | | |
|-----------------|-------|----------------|--|
| Company Name | | Contact Person | |
| Company Address | | | |
| City | State | Zip | |
| Phone | Fax | | |

| | | | |
|---|--|--|--|
| Detailed Description of Non-Reducible Load or Vehicle | | | |
|---|--|--|--|

| | | | |
|----------------------------|--------|-------------|-------------|
| Proposed Dates of Movement | Origin | Destination | Total Miles |
|----------------------------|--------|-------------|-------------|

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|---|
| Complete Proposed Routes of Travel. (Include beginning and ending mileposts for each highway). |
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|--|
| Overweight: Draw diagram of axle group weight, axle spacings, tire sizes, and number of tires or provide axle spacing report number below. (Attach additional sheets if necessary). |
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| | | | | | |
|--|-------------------|---|--|---------------|-----------------|
| Estimated Level Surface Highway Speed: | | | | | |
| Width | Height | Length | Front Overhang | Rear Overhang | Number of Axles |
| Lift Axle? <input type="checkbox"/> Yes <input type="checkbox"/> No | Tire Size on Lift | Single or Dual on Lift <input type="checkbox"/> Single <input type="checkbox"/> Dual | GVW | Legal Weight | Report Number |
| Signature of Person Requesting Approval | | | This Approval is NOT a Permit. Applicant must submit Application (DOT Form 560-021) | | |

| | | |
|---------------------------------|-------------------------------|-----------------|
| FOR OFFICE USE ONLY | | |
| Date Received Initials | Approved/Disapproved Initials | HQ Approval No. |
| Special Conditions/Requirements | | |

Supplement - Request for Approval of Oversize/Overweight Movement - *Superloads*

| | | |
|--------------|-----|----------------|
| Company Name | | Contact Person |
| Phone | Fax | |

Additional Information